

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16023

State File No.

4053

FILED MAY 14 1953

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis 2269 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS Hospital | | | | e. STREET ADDRESS (If rural, give location) 26 1448 Chambers St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Cleary | | b. (Middle) L. | | c. (Last) Monken | | 4. DATE OF DEATH (Month) (Day) (Year) April 17 1953 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH November 14 1922 | |
| 9. AGE (In years last birthday) 30 | | 10. UNDER 1 YEAR Months Days | | 11. UNDER 1 Wks. Hours Min. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) Demachure Winder | | 10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Clarence Monken | | 13b. MOTHER'S MAIDEN NAME Florence Cleary | | 14. NAME OF HUSBAND OR WIFE Janet Monken | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. World War II 492-12-8954 | | 17. INFORMANT'S SIGNATURE OR NAME Janet Monken | | ADDRESS 1448 Chambers St. | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days ? | | | |
| 19a. DATE OF OPERATION 4/15/53 | | 19b. MAJOR FINDINGS OF OPERATION As above Large intra cortical clot Rt. motor area | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | 331X | |
| 22. I hereby certify that I attended the deceased from 4-15-53, 1953, to 4-17, 1953, that I last saw the deceased alive on 4-17, 1953, and that death occurred at 9:15 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John Hammond Smith | | | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 4/19/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-21-53 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection | | 24d. LOCATION (City, town, or county) (State) St. Louis Missouri | |
| DATE REC'D BY LOCAL REG. APR 20 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith | | FUNERAL DIRECTOR'S SIGNATURE McEntee/Funeral Home | | ADDRESS 5541 Riverview Bl. | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Otc. had unusually severe hypertension.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John S. Dennehy

Licensed Embalmer No. *4194*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.